



St. Joseph County Department of Health

"Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St. Joseph County residents"

ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

APPLICATION FOR MASSAGE ESTABLISHMENT PERMIT

1. Name of Establishment: _____

2. Establishment Address: _____

3. Establishment Phone No: _____ E-mail: _____

4. Name of Establishment Owner: _____

5. Owners Home Address: _____ Phone: _____

6. List the name of any other massage establishments owned by the applicant within the last five 5 years.

Name _____ City and State _____

Name _____ City and State _____

Name _____ City and State _____

7. Has the owner ever had a massage therapist or establishment permit suspended or revoked? Yes____ No____

If yes, explain the reasons: _____

8. Provide a copy of the owner's driver's license or other government issued photo-identification for copying.

9. If this application is **NOT** a renewal of an existing massage establishment permit, provide documentation that the property is zoned for a massage establishment.

10. Provide a non-refundable fee of **two hundred twenty-five (\$225.00) dollars** payable every February. A late fee of 25 % per month will be assigned. We accept cash, credit cards, business checks, cashier's checks and money orders. **NO PERSONAL CHECKS ACCEPTED.**

11. Certifications:

I certify that the information provided above is true and accurate. I understand that failure to provide true and accurate information or a violation of County Code 113 may result in the cancellation of my permit license and penalties up to \$1.500 per violation per day. I certify that I will not allow massage therapy to be performed at this establishment by any person who does not possess a current massage therapist permit.

Signature of Owner

Date

FOR OFFICE USE ONLY!

EHS Recommendation: _____ Approved / Disapproved: _____ Date: _____

EHD Determination: _____ Approved / Disapproved: _____ Date: _____

Date paid: _____ S/R#: _____

Transaction #: _____ Employee Initials: _____